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## NOTICE OF ALLOWANCE AND FEE(S) DUE

58249 7590 03/25/2010 COOLEY GODWARD KRONISH LLP ATTN: Patent Group

WASHINGTON, DC 20001

Suite 1100 777 - 6th Street, NW

| EXAMINER           |              |  |  |  |  |  |
|--------------------|--------------|--|--|--|--|--|
| NGUYEN, BAO THUY L |              |  |  |  |  |  |
| ART UNIT           | PAPER NUMBER |  |  |  |  |  |
| 1641               |              |  |  |  |  |  |

DATE MAILED: 03/25/2010

| APPLICATION NO.       | FILING DATE      | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------------|------------------|----------------------|---------------------|------------------|
| 10/531,912            | 05/08/2006       | Wei Hu               | NEXU-019/02US       | 3778             |
| TITLE OF INVENTION: D | IAGNOSTIC DEVICE |                      | 312502-2102         |                  |

| APPLN, TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1510        | \$300               | \$0                  | \$1810           | 06/25/2010 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED.</u> THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

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B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

# Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further<br>indicated unless correcte<br>maintenance fee notifical                                                                                     | correspondence includir<br>ed below or directed oth<br>tions                                                                                              | ng the Patent, adva<br>nerwise in Block 1,                                                            | nce or<br>, by (a                           | ders and notification  specifying a new of                                                                             | of n                                                                                                                   | naintenance fees w<br>pondence address;                                                                       | ill be<br>and/or                                | mailed to the current<br>(b) indicating a sepa                                                                                | correspondence address<br>rate "FEE ADDRESS"                                                                                    | for                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                           |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        | Fee(<br>pape                                                                                                           | <ul> <li>s) Transmittal. This</li> <li>rs. Each additional</li> </ul>                                         | s certif<br>paper                               | cate cannot be used for                                                                                                       | domestic mailings of<br>or any other accompany<br>or or formal drawing, m                                                       | ine                       |
| 58249                                                                                                                                                                  | 7590 03/25                                                                                                                                                | /2010                                                                                                 |                                             |                                                                                                                        | Have                                                                                                                   |                                                                                                               |                                                 | -                                                                                                                             |                                                                                                                                 |                           |
| ATTN: Patent G<br>Suite 1100                                                                                                                                           | •                                                                                                                                                         | SH LLP                                                                                                |                                             |                                                                                                                        | I her<br>State<br>addr<br>trans                                                                                        | reby certify that thi<br>es Postal Service w<br>essed to the Mail<br>smitted to the USPI                      | s Fee(s<br>ith suf<br>Stop<br>FO (57            | of Mailing or Transo<br>Transmittal is being<br>ficient postage for firs<br>ISSUE FEE address<br>I) 273-2885, on the da       | deposited with the Uni<br>t class mail in an envel-<br>above, or being facsin<br>tte indicated below.                           | ted<br>ope<br>nile        |
| 777 - 6th Street,<br>WASHINGTON                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               | (Depositor's no                                                                                                                 | ne)                       |
|                                                                                                                                                                        | , 0 =0001                                                                                                                                                 |                                                                                                       |                                             |                                                                                                                        |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               | (Signati                                                                                                                        | tre)                      |
|                                                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        | L                                                                                                                      |                                                                                                               |                                                 |                                                                                                                               | (Da                                                                                                                             | ite)                      |
| APPLICATION NO.                                                                                                                                                        | FILING DATE                                                                                                                                               |                                                                                                       |                                             | FIRST NAMED INVEN                                                                                                      | TOR                                                                                                                    |                                                                                                               | ATTO                                            | RNEY DOCKET NO.                                                                                                               | CONFIRMATION NO.                                                                                                                | ٦                         |
| 10/531,912                                                                                                                                                             | 05/08/2006                                                                                                                                                |                                                                                                       |                                             | Wei Hu                                                                                                                 |                                                                                                                        | •                                                                                                             |                                                 | EXU-019/02US                                                                                                                  | 3778                                                                                                                            | _                         |
| TITLE OF INVENTION                                                                                                                                                     | : DIAGNOSTIC DEVIC                                                                                                                                        | E                                                                                                     |                                             |                                                                                                                        |                                                                                                                        |                                                                                                               |                                                 | 312502-2102                                                                                                                   |                                                                                                                                 |                           |
|                                                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 |                           |
|                                                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 | _                         |
| APPLN, TYPE                                                                                                                                                            | SMALL ENTITY                                                                                                                                              | ISSUE FEE DU                                                                                          | Е                                           | PUBLICATION FEE D                                                                                                      | UE                                                                                                                     | PREV. PAID ISSUE                                                                                              | FEE                                             | TOTAL FEE(S) DUE                                                                                                              | DATE DUE                                                                                                                        |                           |
| nonprovisional                                                                                                                                                         | NO                                                                                                                                                        | \$1510                                                                                                |                                             | \$300                                                                                                                  |                                                                                                                        | \$0                                                                                                           |                                                 | \$1810                                                                                                                        | 06/25/2010                                                                                                                      |                           |
| EXAM                                                                                                                                                                   | IINER                                                                                                                                                     | ART UNIT                                                                                              |                                             | CLASS-SUBCLASS                                                                                                         |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 |                           |
| NGUYEN, B.                                                                                                                                                             |                                                                                                                                                           | 1641                                                                                                  |                                             | 436-514000                                                                                                             |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 |                           |
| Change of corresponds<br>CFR 1.363).                                                                                                                                   | ence address or indicatio                                                                                                                                 | n of "Fee Address"                                                                                    | (37                                         |                                                                                                                        |                                                                                                                        | atent front page, list                                                                                        |                                                 |                                                                                                                               |                                                                                                                                 | _                         |
|                                                                                                                                                                        | ondence address (or Cha<br>B/122) attached.                                                                                                               |                                                                                                       |                                             | (I) the names of u<br>or agents OR, alter                                                                              | p to<br>nativ                                                                                                          | 3 registered patent<br>rely,                                                                                  | attorr                                          | eys I                                                                                                                         |                                                                                                                                 | -                         |
|                                                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             | (2) the name of a single firm (having as a member a registered autorney or agent) and the names of up to               |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 |                           |
| PTO/SB/47; Rev 03-0<br>Number is required.                                                                                                                             | ication (or "Fee Address') 2 or more recent) attach                                                                                                       | ed. Use of a Custo                                                                                    | mer                                         | 2 registered attorney<br>listed, no name wil                                                                           | attor                                                                                                                  | meys or agents. If r                                                                                          | io nan                                          | e is 3                                                                                                                        |                                                                                                                                 | _                         |
| 3. ASSIGNEE NAME A                                                                                                                                                     | ND RESIDENCE DATA                                                                                                                                         | A TO BE PRINTED                                                                                       | ON                                          | THE PATENT (print o                                                                                                    | e typ                                                                                                                  | ie)                                                                                                           |                                                 |                                                                                                                               |                                                                                                                                 | _                         |
| PLEASE NOTE: Uni                                                                                                                                                       | less an assignee is ident<br>h in 37 CFR 3.11. Comp                                                                                                       | ified below, no ass                                                                                   | ignee                                       | data will appear on the                                                                                                | he pa                                                                                                                  | atent. If an assigne                                                                                          | e is ic                                         | entified below, the de                                                                                                        | cument has been filed                                                                                                           | for                       |
| (A) NAME OF ASSI                                                                                                                                                       |                                                                                                                                                           | netion of this form                                                                                   | 18 140                                      | (B) RESIDENCE: (C                                                                                                      |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 |                           |
| (-)                                                                                                                                                                    |                                                                                                                                                           |                                                                                                       |                                             | (-)(-                                                                                                                  |                                                                                                                        |                                                                                                               |                                                 | ,                                                                                                                             |                                                                                                                                 |                           |
|                                                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        | _                                                                                                                      | _                                                                                                             |                                                 |                                                                                                                               | _                                                                                                                               |                           |
| Please check the appropri                                                                                                                                              | iate assignee category or                                                                                                                                 | categories (will no                                                                                   | t be pr                                     | inted on the patent):                                                                                                  |                                                                                                                        | Individual Co                                                                                                 | rporati                                         | on or other private gro                                                                                                       | up entity 🗖 Governm                                                                                                             | ent                       |
| 4a. The following fee(s)                                                                                                                                               | are submitted:                                                                                                                                            |                                                                                                       | 41                                          | . Payment of Fee(s): (                                                                                                 | Plea                                                                                                                   | se first reapply an                                                                                           | y prev                                          | iously paid issue fee                                                                                                         | hown above)                                                                                                                     |                           |
| Issue Fee                                                                                                                                                              |                                                                                                                                                           |                                                                                                       |                                             | A check is enclos                                                                                                      |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 |                           |
| ☐ Publication Fee (N<br>☐ Advance Order - #                                                                                                                            | vo small entity discount p                                                                                                                                | permitted)                                                                                            |                                             |                                                                                                                        | dit card. Form PTO-2038 is attached.<br>hereby authorized to charge the required fee(s), any deficiency, or credit any |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 |                           |
|                                                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             | overpayment, to I                                                                                                      | Depo                                                                                                                   | sit Account Numbe                                                                                             | r                                               | (enclose a                                                                                                                    | extra copy of this form                                                                                                         | ı).                       |
| 5. Change in Entity Stat                                                                                                                                               | tus (from status indicated<br>s SMALL ENTITY state                                                                                                        |                                                                                                       | ,                                           | D                                                                                                                      |                                                                                                                        |                                                                                                               | T TIME                                          | TITY status. See 37 CF                                                                                                        | TR 1 27(-)(2)                                                                                                                   |                           |
|                                                                                                                                                                        |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 | v in                      |
| NOTE: The Issue Fee and<br>interest as shown by the                                                                                                                    | records of the United Sta                                                                                                                                 | tes Patent and Trad                                                                                   | emark                                       | Office.                                                                                                                |                                                                                                                        |                                                                                                               |                                                 |                                                                                                                               |                                                                                                                                 | _                         |
| Authorized Signature                                                                                                                                                   |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        |                                                                                                                        | Date                                                                                                          |                                                 |                                                                                                                               |                                                                                                                                 |                           |
| Typed or printed name                                                                                                                                                  |                                                                                                                                                           |                                                                                                       |                                             |                                                                                                                        |                                                                                                                        | Registration N                                                                                                | o                                               |                                                                                                                               |                                                                                                                                 |                           |
| This collection of inform<br>an application. Confident<br>submitting the completer<br>this form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223 | nation is required by 37 C<br>tiality is governed by 35<br>d application form to the<br>ions for reducing this bu<br>'irginia 22313-1450. DC<br>k13-1450. | FR 1.311. The info<br>U.S.C. 122 and 37<br>USPTO. Time will<br>rden, should be sen<br>O NOT SEND FEES | CFR<br>CFR<br>II vary<br>t to the<br>S OR G | on is required to obtain<br>1.14. This collection i<br>depending upon the i<br>e Chief Information O<br>COMPLETED FORM | or n<br>s est<br>indiv<br>ffice<br>S TC                                                                                | etain a benefit by th<br>imated to take 12 n<br>idual case. Any co<br>r, U.S. Patent and '<br>O'THIS ADDRESS. | ne publ<br>ninutes<br>mment<br>Fraden<br>. SENI | ic which is to file (and<br>to complete, includin<br>s on the amount of tir<br>nark Office, U.S. Depa<br>O TO: Commissioner f | by the USPTO to proce<br>y gathering, preparing,<br>ne you require to comp<br>atment of Commerce, P<br>for Patents, P.O. Box 14 | ss)<br>and<br>lete<br>'O. |

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#### UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS

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| APPLICATION NO.   | FILING DATE     | FIRST NAMED INVENTOR    | ATTORNEY DOCKET NO.          | CONFIRMATION NO. |  |  |
|-------------------|-----------------|-------------------------|------------------------------|------------------|--|--|
| 10/531,912        | 05/08/2006      | Wei Hu                  | NEXU-019/02US<br>312502-2102 | 3778             |  |  |
| 58249             | 7590 03/25/2010 |                         | EXAM                         | IINER            |  |  |
| COOLEY GOD        | WARD KRONISH L  | NGUYEN, B               | AO THUY L                    |                  |  |  |
| ATTN: Patent Gr   | oup             |                         | ART UNIT                     | PAPER NUMBER     |  |  |
| Suite 1100        |                 | 1641                    |                              |                  |  |  |
| 777 - 6th Street, | NW              | DATE MAILED: 03/25/2010 |                              |                  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

#### Application No. Applicant(s) 10/531 912 HU. WEI Notice of Allowability Examiner Art Unit Bao-Thuy L. Nguyen 1641 -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--

All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative

of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308. 1. After final amendment and TD dated 3/12/10. 2. The allowed claim(s) is/are 1-2 and 41-47 which have been renumbered from 1-9 respectively. 3. Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a)  $\square$  All b) ☐ Some\* c) ☐ None of the: 1. T Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)). \* Certified copies not received: \_\_\_\_\_. Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. 4. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient. CORRECTED DRAWINGS (as "replacement sheets") must be submitted. (a) Including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached 1) hereto or 2) to Paper No./Mail Date (b) including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d). 6. 

DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL. Attachment(s) 1. | Notice of References Cited (PTO-892) 5. Notice of Informal Patent Application 2. Notice of Draftperson's Patent Drawing Review (PTO-948) Interview Summary (PTO-413), Paper No./Mail Date Information Disclosure Statements (PTO/SB/08). 7. T Examiner's Amendment/Comment Paper No./Mail Date 11/18/08 ☐ Examiner's Comment Regarding Requirement for Deposit. 8. T Examiner's Statement of Reasons for Allowance of Biological Material □ Other . /Bao-Thuy L. Nguyen/

Primary Examiner, Art Unit 1641 March 24, 2010